

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	FILED IN THE OFFICE OF CITY CLERK ON <u>14</u> DAY OF <u>NOV</u> 20 <u>14</u> AT <u>11:28</u> AM CITY CLERK			
	NICKNAME	LAST	SUFFIX	Date Has Been Delivered or Postmarked				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged				
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report						
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		9	20	2014	THROUGH	10	25	2014

## 6 EXPLANATION OF CORRECTION

Omission of Bergstrom donation amount. Correction has been made.

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Bray, this the 30 day of October, 2014, to certify which, witness my hand and seal of office.

Shelley R. Kamen Shelley R. Kamen Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10-1-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arcadis G+M, Inc. Texas PAC 6 Contributor address: City: State: Zip Code 11490 Westheimer Rd. Ste 600 Houston, TX 77077	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Barr Contributor address: City: State: Zip Code 7611 Black Mountain Drive Austin, TX 78736	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Corbarr, Inc.	
Date 10-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Margene Beckham Contributor address: City: State: Zip Code 1212 Havre Lafitte Dr. Austin, TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) self	
Date 10-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ryan Berger Contributor address: City: State: Zip Code 1613 W 10th St. Austin, TX 78703	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) real estate investor		Employer (See Instructions) self	
Date 9-26-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tom Bergstrom Contributor address: City: State: Zip Code 6102 Open Range Tr. Austin, TX 78749	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			